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ABSTRACT

The development of the Technical Assistance Program for Community Mental Health Centers (CMHC) and its attempts to implement the provisions of the CMHC Act Amendments of 1975 are presented. The process by which funds for this program are allotted, the recipients of the allotments, and how they have used them are described. In addition, guidelines and priorities and the roles of the National Institute of Mental Health (NIMH) Divisions and the Department of Health, Education and Welfare Regional Offices are discussed. Examples of how NIMH Divisions are participating in providing assistance are offered to illustrate the program's activities. (Author)

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THE NIMH TECHNICAL ASSISTANCE PROGRAM FOR CMHCs

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Context

In 1963, landmark legislation was enacted creating the Community Mental Health Centers (CMHC) Program. Although funds appropriated by the Congress were to be used only for the construction of facilities to house community mental health programs, a significant start in establishing a nationwide network of community mental health services, perhaps a more significant contribution of the Act was to spell out a philosophy of service. The philosophy, based largely on the pioneering work of the Joint Commission on Mental Illness and Health (not to be confused with President Carter's commission, i.e., President's Commission on Mental Health) contained a number of concepts that have stood the test of experience over a period of some fifteen years.

Briefly, a responsive mental health program was to be comprehensive; that is, offer a range of services in order to meet the needs of people served. Continuity of care was to be practiced so that combinations of services could be offered or an individual could move easily from one service to another. There were implications of and expectations that services would be accessible with a minimum of hindrances. In addition, services were to be available to people even though they were unable to pay.

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Basic to the CMHC philosophy was the concept of the catchment area. The catchment area, consisting of 75,000 to 200,000 people, was a geographically defined area in which the CMHC was to be located in order to serve the people residing in the area. The catchment area made for a more manageable population and geography.

Over the years, many amendments to the Act have occurred. Thus, later came grant funds for staffing costs, children's services, and alcohol programs. Usually, as each amendment occurred, there came along additional requirements that must be adhered to by the CMHC. With the enactment of Public Law 94-63 in 1975, there was introduced a host of new requirements including a service program consisting of twelve rather than five services.

The additional requirements, plus an increase in the range of services to be offered, added greatly to the complexity of the overall operation of CMHCs including, in particular, the administrative aspects of the operation. It became necessary to put in place a program evaluation system, drug use profile, integrated medical records system, a quality assurance program, peer review system, a financial plan, and cooperative arrangements with HMOs, to mention but a few of the myriad of requirements with which a center director must content.

There are those who view a CMHC as a business. Even though this perception may be offensive to some, the fact remains that a CMHC administrator must oversee an operation that has on the average an operating budget of $1.4M; and average staff size of 121 people (7 psychiatrists; 9 psychologists; 11 social workers; 11 nurses; 3 LPNs; 28 mental health workers); an average

admission rate of over 1,600 patients per year; and serving a catchment area that has a mean population of 150,000 people. Add to these major responsibilities the demands of reporting to a board of directors, being accountable to a community, and fretting about the completion of Federal CMHC grant eligibility, and one can appreciate the magnitude and complexities of the task taken on by a CMHC director. In many cases the director is a manager first and a clinician second. Intimate familiarity must be had with personnel procedures, budgeting, community organization, and the political system. Indeed, it has been said that the single most important variable in the successful operation of a CMHC is the center director.

Two Percent Technical Assistance Program

Public Law 94-63 establishes many new requirements while maintaining many of the earlier established ones, but it also provides for a new and special kind of center help through a mechanism dubbed the Two Percent Technical Assistance Program (2% TA). This program was created by Section 206(e) of Public Law 94-63. The two percent reference is to the formula used in determining the amount of funds available for support of the TA Program; i.e., up to two percentum of the total amount of funds appropriated for initial operations grants, consultation-education grants, and conversion grants. For the current fiscal year 1978, this amounts to approximately $5.5M available for this program.

As called for by the Act, 2% TA funds are to be used for technical assistance for program management and for training in program management to CMHCs. To be emphasized is the point that the 2% TA Program is not a grant, and can be utilized only to assist CMHCs. It is designed to address management issues that will result in a strengthening or improvement of the operations of the center.

Operations

The 2% TA Program was implemented during the fall of calendar year 1976. It was a mammoth undertaking, in part, because there was no provision for support, personnel, or logistics, with the program to be designed and implemented within the existing NIMH structure and Institute capacity. It was, in the beginning, necessary to design a coordinated national program of technical assistance to implement this part of the CMHC Act. A first step began with the appointment of a committee by the Director of NIMH. This committee was charged with preparing a plan; the objectives of the plan were to bring about a strengthening of CMHC capabilities to plan effectively, organize, administer, finance, deliver, and evaluate the services provided to persons residing in a catchment area. To reach these objectives, it was recommended by the committee that a multifaceted approach be used involving direct training, training of trainers, development of resource materials, and the provision of direct consultation. Recommendations were also made to the director about the allocation of funds to the ten regional offices and the Central Office of NIMH. Without going into detail, it was recommended that allocation of 2% TA funds should

be based on acceptable plans showing how these funds would be used.

The committee also recommended that the authority for the TA Program be delegated to the Director, Division of Mental Health Service Programs (responsible, in part, for administering the CMHC Program), and that an executive officer be appointed to administer the TA Program. Further, the committee recommended that a review committee be established consisting of three Central Office and three regional office people with provision for rotation of membership. The charge to the review group was to develop criteria for reviewing and approving TA plans.

The recommendations were accepted and it was directed they be implemented. Since 1976, the program has been administered essentially as originally proposed. The TA review committee meets at least quarterly to develop guidelines and criteria for the review, review regional office and Central Office TA plans, and generally provide oversight and coordination of the Program.

Priority Areas for Technical Assistance

Referring to the guidelines for the current fiscal year, the TA Program has addressed four priority areas. They are:

- Improved fiscal and administrative management of CMHCs
- CMHC governance
- Organizing and managing the delivery of mental health services to underserved groups
- Quality assurance and evaluation.

All TA projects funded must relate to one of these priority areas.

Procedures for Providing Technical Assistance

Just as priorities for funding and review procedures are important, it became apparent after some experience that the method for offering TA was also a vital issue. The recommendation to the Director, NIMH, identified three main avenues for providing technical assistance; i.e., consultation, short-term education or training, and resource material. The choice of technique depends on the identified needs of the CMHC, resources available within the regional or Central Office, and availability of resources in the field.

Experience has validated the wisdom of selecting these approaches, but has also allowed for some expansion. Thus, in 1978, our current fiscal year, six techniques or procedures are identified as legitimate and productive in providing technical assistance to centers. They are:

Center-to-Center Assistance: It is reasonable to assume that a center having recognized excellence with respect to one of the priority areas may be utilized to provide technical assistance to other centers. This approach is highly valued and encouraged.

Training Consultants and Trainers: This approach identifies participants of workshops and conferences who can make their expertise available to CMHCs.

Training Key CMHC Staff: Intensive courses and workshops for key CMHC personnel are a valuable approach. Key CMHC people must be those who are part of the CMHC management structure.

Development of Resource Material: Preparation and selective distribution of written materials can be helpful as a technical assistance aid. Examples would be manuals on cost accounting, management information systems, program evaluation, and development of a problem-oriented medical records system.

Professional Expert Assistance: This is the traditional procedure ofaconsultant with established expertise providing technical assistance. Consultants are identified by the regional office or Central Office and are made available to the centers.

Organization Consulting Assistance: This approach allows for making use of the established organizations and firms to serve as contractors for the provision of technical assistance services.

Budget

With experience in implementing the TA Program, the amount of funds utilized for this program have increased over the years. In 1976, the first year of implementation, $400,000 was obligated; in 1977, $1.0M was obligated. In 1978, the estimated obligation is $2.0M. Those TA funds not actually expended by the TA Program are reprogrammed and are utilized in the form of operations, consultation-education, or conversion grants.

Technical Assistance Projects

As indicated, technical assistance plans and projects must be in keeping with the guidelines and priority areas. The priority areas are consistent with the CMHC Act. One other task must be completed in developing TA plans and projects, and that is a systematic approach to identify CMHC needs.

This may be and has been accomplished in a variety of ways. CMHCs may be surveyed by the regional office regarding TA needs; CMHC monitoring activities carried out by the regional office may identify problem areas that could be corrected via a TA Program; CMHC directors may underscore issues and bring them to the attention of the regional office. In addition, local chapters of the National Council of Community Mental Health Centers have identified needs. The point to be made is that there must be a recognized need; the TA Program is not imposed on a CMHC.

Examples of TA Projects:

Finance/Accounting:

- The CMHC is a part of a State Mental Health Agency which is a hospital. The regional office provided the services of an accounting firm to help develop and complete financial accounting system specifically for the center. The firm also advised the center on financial resource development and billing procedures, which has made it possible for it to better manage its fiscal activities.

- A CMHC situated in the inner city received little Medicaid or Title XX funding, and has had great financial difficulty. The regional office supplied technical assistance to center staff to instruct them on how to obtain third-party payments. This helped to improve the center's financial situation.

Deinstitutionalization

One HEW Region supported part of the cost of a plan to develop and conduct a three-day workshop on alternatives to institutionalization. The workshop was sponsored by a State department of mental health and addressed the problem of service delivery to long-term mental patients in the community. The participants consisted of 56 staff members from 10 CMHCs, 11 staff from State Mental Health Authorities in the region and 39 persons affiliated with or representing mental hospitals, rehabilitation centers, and related institutions. The Two Percent Technical Assistance Funds supported the expenses of the planning committee and part of the cost of conducting the workshop.

Aging

Another HEW region through a joint project with the Center for the Study of Mental Health of the Aging, NIMH, helped CMHCs inthe region develop programs for the elderly. A contract was prepared calling for twelve consultants to provide technical assistance to six centers. The objective was to develop a technical assistance model for organizing and developing programs to deliver mental health service to the elderly. An on-site initial visit and a subsequent follow-up visit to each of the target centers was conducted.

Management Information Systems

An HEW region has provided technical assistance on management information systems to CMHCs in the region. On-site consultation in this area has been provided with support from the Two Percent Technical Assistance Funds of two CMHCs in Louisiana, 27 CMHCs in Texas and two CMHCs in Arkansas.

Yet another HEW region supported a workshop conducted by the Applied Statistics Training Institute (ASTI) for CMHC program evaluators and business managers and staff of the regional office on recordkeeping. It is planned that this group will comprise a cadre of trainers who in turn will provide this training to other CMHCs in the region.

Governance

The Citizen Participation Program of the Community Mental Health Services Support Branch, NIMH, has developed an annotated bibliography on citizen participation issues for CMHCs. The staff is also in the process of producing a training manual for CMHC governance/advisory boards of federally supported CMHCs.

Children

In answer to an expressed need, one HEW region has arranged a conference for representatives of childrens' mental health programs in each of the six States in that region to exchange information on the management of mental health service delivery for children. A specific deficiency in rural areas, is the lack of staff experienced in this area. Planned are consultation visits by experts to 12 such CMHCs.

Minorities

One HEW region used a portion of the Two Percent Technical Assistance Funds to develop a basic strategy for determining the type and scope of assistance to be given centers in the region in the area of mental health service delivery to minority groups. Data from the Division of Biometry and Epidemiology, NIMH, indicated that minorities in this region were underserved. Based on a center-by-center survey, direct consultation was given to twelve centers by minority professionals (psychiatrist and psychologists). The regional office is evaluating this effort and expanding it to reach more centers.

Evaluation During Fiscal Year 1977

In this day of accountability, limited funds, and scarce resources, it is vital that the Technical Assistance Program be assessed. This is accomplished currently by a reporting procedure. Those people responsible for conducting a technical assistance effort prepare reports on a quarterly basis, as well as a final report at the end of the fiscal year. The definitive evaluation of the entire program, however must await a nationwide assessment. Questions to ask are: What has been the impact of TA on CMHC program management? What are the best methods to affect change in CMHCs? Does one method have an advantage over another? Has the administration of the TA Program been the most effective?

At this time, it can be said that every CMHC in the United States has been the recipient of a technical assistant project, direct or indirect. Many TA programs have not been advertised as such and thus many consultants, contractors, and firms may be unaware of the TA sponsorship.

More specifically, it can be reported that technical assistance programs have resulted in the following:

- Published A Working Manual of Simple Program Evaluation Techniques for Community Mental Health Centers (distributed to all CMHCs).

- Published Resource Materials for Community Mental Health Program Evaluation (distributed to all CMHCs).

- Is publishing an annotated bibliography of resource material on governance.
- Is publishing a training manual for CMHC board members.
- Funded 12 five-day intensive courses offered by the NIMH Staff College; funded six courses developed by the NIMH Division of Biometry and Epidemiology (approxmiately 250 CMHCs representatives participated).
- Sponsored workshops, conferences, and seminars (approximately all CMHCs were reached).
- Provided on-site consultation to over 100 CMHCs having specific problems.

Problems

Those people involved with the TA Program continue to be attentive to the best possible management and implementation of this important activity. Some identified areas of concern are:

- Extra demands placed on regional office staff in operating the program.
- Administrative difficulties in contracting for services.
- Inability to utilize the full two percent available for the TA Program.

The Future

The CMHC Act expires at the end of this fiscal year (September 30, 1978). The future is a bit uncertain because of several variables that will bear on the CMHC Program. Currently, there are two bills before Congress that will continue the CMHC Program and preserve the TA efforts. In addition, the President's Commission on Mental Health has issued a report which urges NIMH to provide TA to mental health service programs. The Commission report will no doubt have impact on the future of the CMHC Program.

In the meantime, the administration of the TA Program has improved with respect to management and implementation; a great number of worthwhile demonstrable accomplishments have occurred; and the momentum of the Two Percent TA Program will carry forward in essentially the same fashion consistent with the current Act and will serve as a major device for providing a type of assistance that is designed to meet the unique needs of each and every CMHC.